

CHRONIC CARE IN IOWA



Defining Chronic Care

A chronic condition is a disease that has one or more of the following characteristics:

- is permanent
- is progressive, if unmanaged
- is caused by non-reversible pathological alteration
- requires special training of the patient for rehabilitation, self-monitoring, and self-management
- may require a long period of supervision, observation, or care

Defining Chronic Care

- A defining difference in providing chronic care versus acute care is that the Chronic Care Model is “**patient-centric**” versus “disease focused.”
- Treatment outcomes are aimed at **improving the quality of life for those with ongoing chronic conditions** rather than curing disease.

Chronic Care Impact

Chronic Disease Burden

+

Aging Population

+

Budgetary Shortfalls

+

Low Reimbursement Rates

Escalating Healthcare Crisis



Chronic Care Impact - Asthma

About 200,000 Iowans have asthma, including 40,000 to 50,000 children (2001).

– Persons hospitalized

- 2,498 - primary asthma diagnosis
- 5,451 - either a primary or secondary diagnosis

– Outpatient visits

- 10,584 - primary asthma diagnosis
- 18,473 - either a primary or secondary diagnosis

Chronic Care Impact – Congestive Heart Failure (CHF)

53,057 (11%) of Iowa Medicare beneficiaries have CHF (CMS, 2003)

- Persons hospitalized
 - 10,148 - primary CHF diagnosis
 - 85% were older than 65 years
- Outpatient visits
 - 79% were older than 65 years

Chronic Care Impact - Diabetes

149,440 people with diagnosed diabetes in Iowa (BRFSS, 2001)

- The rate for diabetes has increased 25% over the past five years (BRFSS, 2003)
- Persons hospitalized
 - 3,629 - primary diabetes diagnosis
 - 12,062 - either a primary or secondary diagnosis
- Outpatient visits
 - 5,556 - primary diabetes diagnosis
 - 23,856 - either a primary or secondary diagnosis



Iowa NGA Chronic Care Team

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Iowa Chronic Care Consortium

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Iowa NGA Chronic Care Team

**The Vision of Iowa's Disease
Management Initiative
is to be a state committed to
health promotion, prevention and
chronic disease management**



Iowa NGA Chronic Care Team

Priority

Promotion of chronic disease management models that will:

- increase the efficiency of Iowa's health care service delivery,
- enhance the management of chronic diseases, and
- support the sustainability of healthy communities across the state.

Iowa NGA Chronic Care Team

Action Plan

- Promote chronic disease management in Iowa with models that include patients, providers and payers.
- Convene a Chronic Care Leadership Council



Iowa NGA Chronic Care Team

Action Plan

- Support implementation of the Chronic Care Model.
- Build data reporting elements and data outcome dissemination/utilization

Iowa NGA Chronic Care Team

- Example of
Chronic Disease Management Model
 - Chronic Care Model
 - Dr. Edward Wagner
 - www.chroniccaremodel.org

The Chronic Care Model

Six Essential Elements

1. Community
2. Health System
3. Self-Management Support
4. Delivery System Design
5. Decision Support
6. Clinical Information Systems

Iowa NGA Chronic Care Team

- Development of White Paper
 - Research
 - Interviews
- Seeds of innovation in Iowa



Iowa Chronic Care Initiatives

Organization	Program
Iowa Academy of Family Practice	Medical Home Model/Chronic Care Model
Iowa Health Clinics	Chronic Care Model
Mercy Hospital Clinics	Chronic Care Model
Iowa Medicaid Program	Disease Management & Case Management
Iowa Chronic Care Consortium	Case Management & Telemanagement
Avera-McKennen Health System	CMS Demonstration
Health Disparities Collaboratives	Chronic Care Model/Medical Home Model

Iowa Chronic Care Initiatives, cont'd

Iowa's major health insurers

- Wellmark Blue Cross/Blue Shield
- John Deere Health
- Principal Financial Group

“Building” or “buying” disease management programs/services

Potential Barriers to Chronic Care Management in Iowa

National Level

- Policy regarding caring for the full spectrum of acute and chronic care must be more consistent.
- Administrative procedures between Medicare, Medicaid, and private insurance promote cost shifting, versus gaining cumulative benefits of more efficient services through integration.

Potential Barriers to Chronic Care Management in Iowa

Health System Level

- Lack of a reimbursement system that aligns financial payment with integrative care that supports patients through preventative, acute and long term care as needed.
- Provider networks must be integrated to provide comprehensive care.

Potential Barriers to Chronic Care Management in Iowa

Provider Level

- Providers must be supported to implement the Chronic Care Model in their individual office settings
 - Lack of reimbursement, resources and technical assistance
- Providers will need assistance to develop clinical information systems.

Potential Barriers to Chronic Care Management in Iowa

Patient Level

- Patients and care givers must be more informed about the costs, consequences and process of delivering chronic care.
- Patient education and support must be delivered at times when it is most likely to be accepted and understood.
- Patients must be empowered to make informed daily decisions about their health management.



Moving Ahead with Chronic Care

1. Forming an Iowa Leadership Council to guide the development of a statewide plan that addresses Iowa's unique chronic care issues.
2. Utilizing support and resources of the NGA's Chronic Care learning collaboratives to bring effective strategies into Iowa for rapid integration.

Moving Ahead with Chronic Care

3. Partnering to explore ways that Iowa can build on its capacity to deliver population-based strategies for chronic care.
4. Facilitating the piloting of more aggressive population disease management programs to develop capacity and deliver chronic care.

Key Considerations for Next Steps

A sense of urgency and need for support systems including:

- development and promotion of common guidelines for use of chronic care models,
- availability and education on supportive technology
- provision of quality services (value-based issues)
- education at the state level on chronic care models and their integration and worth for providers and patients.

We can succeed!

The growing burden of chronic disease can be addressed by supporting efforts that improve the care of Iowa's citizens with chronic disease.



Questions?

Iowa Department of Public Health

Promoting and Protecting
the Health of Iowans

